10/774.838

PTO/SB/06 (09-03)
Approved for use through 7/31/2009. OMB 0651-0032
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Under the Paperson's Reduction Act of 1995, no persons are required to respond to PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875							RECORD		Application or Docket Number 06756 - 004		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE_	
	FEE FR 1.16(III)							385	OR		\$
NIO	L CLAMS FR 1.16(d)	39	minus 20	1	· 19		x 3_9_=	171	OR	x 4	
NDEPENDENT CLAIMS ST CFR 1.18(0))			5 minus 3 •		. 2		× 143_ •	86	OR	×8	
_		2 0 MM 00 60 6 MM				•	A		OR	••	
ILIL TIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	642	OR	TOTAL	
10	e difference in a	olumn 1 is less tha	en abero, ent	er V in column i	5		IOIAL		,	1017-5	
	7	AIMS AS AMI	ENDED -	- PART II						OTHER	*
)	23.04	(Column 1)		(Column 2)	(Cotumn 3)		SMALL	ENTITY	OR -	OTHER SMALL	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total go ope i.usio	50	Mirara	39	- 11	1	x s 9 =	99	OR	X 8	
Š	Independent (07 CFR 1,180g)	7	Miras	5	* 2		× :43 .	86	OR	x 5e	
Š	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(4))						+3		OR	+8=	
_							TOTAL ADDL FEE	185	OR	TOTAL ADD'L FEE	
(40.01.	(Column 1)		(Cotumn 2)	(Cotumn 3)						
<u>_</u>		CLADAS REMAINING AFTER ANIENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total corcon i.seca	55	Minus	60	. 5		x . 25.	125	OR.	x s•	
Z	Independent (37 CFR 1.18(X))	. 8	Minus	- 7	-1		x \$100 -	100	OR	x se	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.18(4))						+5		OR	+3	
_	31.07						TOTAL ADOL FEE	235] or	TOTAL ADDL FEE	
1		(Catumn 1)		(Cotumn 2)	(Column 3)	1		_	٦ .		
NT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT .EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMEN	Total (27 CFR 1.14E/Q)	35	Minus	55	• /		× 4*		osk	x1	/
ב ב	Independent Q7 CFR 1.160g	. 8	Minus	" 8	• /		x 8 •		OR	X 6	
A A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))						+3=		OR	+ 3	$\bot / _$
					7		ADD'L FEE	\Box	OR	ADD'L FEE	<u> </u>
•	" If the Wighest	otumn 1 is less the Number Provious! Number Previous! tumber Provious!y	y Paid For	IN THIS SPACE	is less than 20, is less than 3, e	er ch	× '3'.	T			/

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and automitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be earn to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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